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AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

FILED SCRANTON

UNITED STATES DISTRICT COURT

for the

DEC 23 2024

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DEPUTY CLERK

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John Sudy Joseph & Sklahosky Je

Defendant/Respondent

Civil Action No. 3 24-cv-2216

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Na-OVAN Jewi

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 01, 13, 2024

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	amount dur	onthly income ing the past 12 onths		ount expected t month
	You	Spouse	You	Spouse
Employment	\$ Non	\$ Non	s Non	\$ non
Self-employment	\$ Non	\$ 10 A	\$ Nun	\$ Non
Income from real property (such as rental income)	\$ Non	\$ non	\$ NUN	\$ non
Interest and dividends	\$ Non	\$ 100	\$ 000	\$ 200
Gifts	\$ Non	\$ 100	\$ Non	\$ 000
Alimony	\$ Non	s Non	\$ NUA	\$ 000
Child support	\$ Non	\$ Wun	\$ 000	\$ Non

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Retirement (such as social security, pensions, annuities, insurance)	\$			\$ 				\$				\$ ·		
Disability (such as social security, insurance payments)	\$ 1	7	Λ	\$ • • • •	1			\$, : <u> </u>		\$		
Unemployment payments	\$ \prod	1	011	\$ 	1	7	χA	\$	1	11	^	\$ T	,	· · · ·
Public-assistance (such as welfare)	\$ Г	4		\$ 	4/		U	\$	1	11		\$ Π		0
Other (specify):	\$. ,			\$ 		٧		\$ · •				\$ -₩		
Total monthly income:	\$		0.00	\$		•	0.00	\$			0.00	\$		0.0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

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3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Empl	oyer			Addre	SS		^		Date	es of employment	Gross monthly pay
	/ 1		Δ			1			n/		\$
		<u>() [</u>						N		1/1/1	slar
, , ,	<u>V</u>		<u> </u>		V	V					\$

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Fin	nancial institution	Type of account Amount you have	Amount your spouse has
		\$	\$ V 220
	II_{III}	7///)/\ s /////	\$ [(///
		\$	\$:

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$
Other real estate (Value)	s \\ \ \ \ \
Motor vehicle #1 (Value)	s \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
money /		
	s //////	\sim \sim \sim
	s	s / l V//
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship Age
7//10	1/

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	<u> </u>	<u> </u>
	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	s i) /	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	s	\$
Home maintenance (repairs and upkeep)	s	s \ / //
Food	\$	s \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Clothing	s	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
: Life:	8M 1/	s // //
Health:	\$ \ \ \ \ \ \ \ \ \ \ \	s \\\\
Motor vehicle:	s l U'i	\$
Other:	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card (name):	s / / /	\$ 10 1
Department store (name):	s / / / /	s //
Other:	s V	\$
Alimony, maintenance, and support paid to others	\$	\$

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Regulai statemen	expenses for operation of business, profession, or farm (attach details	ed .	\$	$\overline{\mathcal{N}}$	1 A	s	-A (7
Other (s	pecify):		\$	\int	<i>[]</i>	\$	IV	Ø
	Total monthly expe	nses:	\$		0.00	\$		0.00
9.	Do you expect any major changes to your monthly income or expense to your monthly income or expense to your monthly?	ises o	r in y	our as	sets or 1	iabiliti	es durir	ng the
	☐ Yes ☑ No If yes, describe on an attached sheet.	·						
	Have you spent — or will you be spending — any money for expendance of Yes IVNo If yes, how much? \$	ises o	r attor	ney f	ees in co	njunct	ion wit	h this
11. I los seft victim 12.	Provide any other information that will help explain why you cannot be regarded this case but I have no closhed and state of your legal residence.	yon wer	in ulsid	5	ions fimusion	roceed	lings. Sendin Wes Have	the any m
	I am Homeless But Use My Brother Your daytime phone number: 606.268-9400		Ving		Almer			
	Your age: 27 Your years of schooling:							
	Print Save As Add Attachment	:::···.					Rese	t ·